

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

12 CV 8129

Terrence Scratching

#2

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

-against-

Detective Schlosser; Detective
Paster; Detective Garrity;
Detective Swanson; District
Attorney Mark Brown; Mayor
Bloomberg; 43rd Precinct
New York City Police Department

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Terrence Scratching
ID # 241-12-07662
Current Institution GMD C-73
Address 15-15 Hazen ST, East Elmhurst NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Detective Schlosser Shield # _____
Where Currently Employed 43rd Precinct Bronx NY
Address _____

Defendant No. 2

Name Detective Pastor Shield # _____
 Where Currently Employed 43rd precinct Bronx NY
 Address _____

Defendant No. 3

Name Detective Garrity Shield # _____
 Where Currently Employed 43rd precinct Bronx, NY
 Address _____

Defendant No. 4

Name Detective Swanson Shield # _____
 Where Currently Employed 43rd precinct Bronx, NY
 Address _____

Defendant No. 5

Name District Attorney Marc Brown Shield # _____
 Where Currently Employed Bronx District Attorney
 Address _____

(continued on separate piece)
 of paper.

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

43rd precinct Bronx, NY.

B. Where in the institution did the events giving rise to your claim(s) occur?

line up room and holding cell

C. What date and approximate time did the events giving rise to your claim(s) occur?

August 23, 2012 6:30 am - 5:00 pm

Defendant 6

Mayer Bloomberg
Mayer for the city of New York

Defendant 7

43rd precinct
Bronx N.Y.

Defendant 8

New York city Police Department

D. Facts: (see attached pages.) Labeled section II
part D

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I was Beaten By These 4 Detectives. I Have Scars
ON MY BACK To prove it!!

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your ~~claim~~(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

ON August 23, 2012 at 6:30am THE Warrent Squad came to my House at 578 E 141st apt 4F, Bronx, NY 10454 Looking for an Hispanic Person. Once I opened the Door They asked me and my wife for our IDs, we even showed them a copy of the apartment lease. They Then proceeded To get on their cell phones and call the 43rd precinct and Then told me I was wanted for Questioning. Once I was There Detective Schlosser and Detective Pastor put me in a Line up. Detective Pastor Then proceeded To show me a text He was writing To District Attorney Marc Brown letting him know THAT I was picked out in a LINE UP.

District Attorney Marc Brown is a D.A. in a case That I am out on Bail for. Plus D.A Brown is on Numerous cases That I Have all of which Have Been Dismissed in a Court of Law.

3 month Prior To The August 23, 2012 incident Detective Garrity and Detective Swanson Both From The 43rd precinct in The Soundview section of The Bronx, New York Picked me up on 3 separate occasions To put me in 3 Different Line ups To which I was not picked out. Then voided the action from the precinct computer which is Illegal.

over 2

Detectives Schlosser, Pastor, Garrity and Swanson all work at the 43rd precinct and work together. On numerous occasions these 4 Detectives have violated my Fourth Amendment rights over a stretch of almost 3 years.

The 43rd Precinct has been under fire as of late for such practices and this precinct has an ongoing investigation by the Internal Affairs Department of the New York City Police Department. Internal Affairs has also been investigating the case I am currently on Rikers Island for now including all four of the Detectives mentioned in this complaint of my Civil Rights.

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

43rd precinct, Bronx N.Y.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☐ Do Not Know ☒

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? ALL of them

2. What was the result, if any? They Have yet to contact me.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I would like Detectives Schlosser, Poston, Garrity and Swanson Fired for Constant Harassment and Mental Anguish put upon me, my Daughter and my wife.

I would also like District Attorney Marc Brown Reported to the New York State Bar Association and privileges to practice law in ~~the~~ THE STATE of New York Revoked.

I would also like to be compensated for my time away from my family, the time I was incarcerated. The money lost from not being able to work in the amount of \$25 million Dollars.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒ _____

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ____ No

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 23 day of October, 2012

Signature of Plaintiff

Inmate Number

Institution Address

Lemence Stretching
241-12-07662
15-15 Hazen st
East Elm Horst
NY 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this ____ day of _____, 20__, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Lemence Stretching

NEW YORK STATE
OFFICE OF THE ATTORNEY GENERAL
PUBLIC INTEGRITY BUREAU
120 Broadway, 22nd Floor
New York, NY 10271

COMPLAINT FORM

1. PLEASE TYPE OF PRINT CLEARLY IN DARK INK.
2. COMPLETE THE ENTIRE FORM AND SIGN.
3. RETURN/SEND FORM TO THE PUBLIC INTEGRITY BUREAU

COMPLAINANT

Your Name: Terrence Seretching
 Street Address: 518 E 141st apt 4F
 City/Town: Bronx New York Zip: 10454 County: Bronx
 Home Tel: (847) 272-5287
 Business Tel: _____

COMPLAINANT

Public Agency/Individual you are complaining about: Detective Schlosser, Pastor, Carrity, Swanson
 Street Address (if known): District Attorney Mark Brown, 43rd precinct
 City/Town: Mayor Bloomberg, NY PD Zip: _____ County: _____

Has this matter been submitted to another agency? ☒ Yes ☐ No

If so, which agency: United States District Court
 Is there any legal action pending? ☒ Yes ☐ No

If so, where: Southern District

PLEASE BRIEFLY DESCRIBE YOUR COMPLAINT BELOW
 (use back of form or attach additional documentation if necessary)

SOULY
2012 C



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

AFTER CARE LETTER

Date: 10/24/12

To Whom It May Concern:

Patient: Terrence Sutching has been under our care for the following conditions:

I. Health Problems

II. Treatments; Medications; Date; Follow-up Needs

- Patient Mr. Terrence Sutching has been receiving mental health treatment since 8/28/12 for the following diagnosis:
Axis I: Depressive Disorder NOS
Axis II: Diagnosis Related
- Patient seen by Mental Health Counseling monthly and Psychiatry monthly
- Patient is taking the following Psych medications:
Remeron and Vistaril both for Depressive Disorder NOS
- Patient is taking Remeron 45mg at Bedtime (Orally) and Vistaril 50mg, 100mg Orally at bedtime.

Follow-up care is required for the above condition(s)

Sharon Melf

S. Worrell, LMSW

Clinic Tel. #:

GMDC mental
Health

Terrence Scutching
241-12-07662
5-15 Hazen ST
East Elmhurst, NY 11370

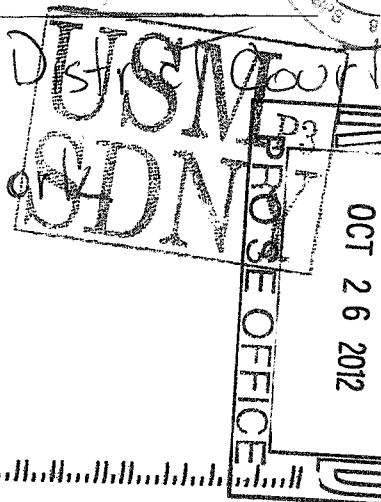


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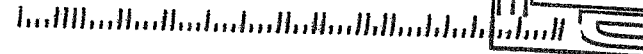
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